

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10618623
APPLICANT(S) _____

FILING DATE 07-15-08

							CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEF	IND	DEF	IND
	IND	DEF	IND	DEF	IND	DEF							
1							51						
2							52						
3							53						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	4						TOTAL DEP.						
TOTAL CLAIMS	5						TOTAL CLAIMS						